

Please type a plus sign [+] inside this box →

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration or Declaration
Submitted with initial Filing (surcharge
Filing required (37 CFR 1.16 (e))

Attorney Docket No.	IN-9507
First Named Inventor	James A. DECKERS et al.
COMPLETE IF KNOWN	
Application Number	09/898,317
Filing Date	July 3, 2001
Group Art Unit	
Examiner Name	

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THICKENERS FOR PAPER DYE COMPOSITIONS

(Title of the Invention)

The specification of which:

is attached hereto

Was filed on July 3, 2001 as United States Application or PCT International Application Number 09/898,317
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application

I hereby claim foreign priority benefits under 35, U.S.C § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365 (a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below, by checking the box, any foreign application(s) for patent or inventor's certificate, or any PCT international application(s) having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date DATE/MONTH/YEAR	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application number are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER(S) **FILING DATE**

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

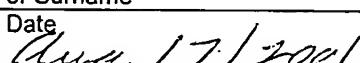
DECLARATION —**Utility or Design Patent Application****POWER OF ATTORNEY**

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	 26922 PATENT TRADEMARK OFFICE	or <input type="checkbox"/> Correspondence address below
---	---	--

County	United States of America	Telephone	(248) 948-2021	Fax	(248) 948-2093
--------	--------------------------	-----------	----------------	-----	----------------

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature 		Date 			
Residence: City	Plover	State	Wisconsin		
Mailing Address		2341 Opportunity Lane			
City	Plover	State	Wisconsin	Zip	54467

DECLARATION —**Utility or Design Patent Application****POWER OF ATTORNEY**

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/>	Customer Number or Bar Code Label		or	<input type="checkbox"/>	Correspondence address below
26922 PATENT-TRADEMARK OFFICE					

County	United States of America	Telephone	(248) 948-2021	Fax	(248) 948-2093
--------	--------------------------	-----------	----------------	-----	----------------

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Stephen S.	Family Name or Surname	JOSE			
Inventor's Signature		Date August 15, 2001					
Residence: City	Charlotte	State	North Carolina	Country	United States of America	Citizenship	American
Mailing Address		12307 Lazy Oak Lane					
City	Charlotte	State	North Carolina		Zip	28273	

DECLARATION —**Utility or Design Patent Application****POWER OF ATTORNEY**

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		or	<input type="checkbox"/> Correspondence address below
26922 PATENT-TRADEMARK OFFICE			

County	United States of America	Telephone	(248) 948-2019	Fax	(248) 948-2093
--------	--------------------------	-----------	----------------	-----	----------------

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Michael T. (first and middle [if any])			Family Name JENNINGS or Surname
Inventor's Signature <i>Michael T. Jennings</i>	Date 8/14/2001		
Residence: City Appleton	State Wisconsin	Country United States of America	Citizenship American
Mailing Address 1100 E. Park Ridge Avenue			
City Appleton	State Wisconsin	Zip	54911